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A CONSIDERATION OF SOME OF THE RELATIONS OF CLIMATE
TO TUBERCULAR DISEASE.

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THERE are two prominent facts which have made the subject of the climatic relations of tubercular disease, one under active discussion among the medical men of this country and Europe during the last few years.

These are : first, the almost alarming increase of disease of this nature ; and, second, the facilities of travel, so that climate can be easily and cheaply changed. The time has been when only a few thought about distant travel for health. But now, almost every one who at all values his life, can easily put himself in a more genial atmosphere and beneath an almost cloudless sky. With the attention thus directed, the questions are—*what climate is to be sought ; and what are the reasonable expectations as to its effect upon tubercular disease ?*

Of late there has been published quite a number of works upon the climate of those European and insular countries hitherto quite celebrated as resorts for invalids of this character ; and, as the most dissimilar views have been advocated, there has arisen much confusion among medical men as to the correct answers of the questions above referred to. Some, in fact, have become thorough sceptics as to the benefit of any change of climate out of the latitude in which the invalid has been accustomed to live.

From among these works recently published may be mentioned two, viz., that of Dr. Pollock, appearing in the London Medical Gazette of last year ; and that of Dr. Burgess, not long since separately published. Both are upon the climate of Italy, and are well calculated to lessen the enthusiasm of invalids for a land which has always been made more sunny by the pens of poets than the favor of nature. I have no doubt that the conclusions of these men, and especially those of Dr. Pollock, upon the climate of southern Europe, are correct in the main ; and as they were addressed to the English people, will no doubt lead many English physicians to hesitate before advising their usual migration.

But in this country, a misapplication and sometimes a misinterpretation of these and similar opinions, has led very many physicians to be

quite sceptical as to the real benefit to be derived by northern invalids, from a change of residence into the southern and more sunny States. This scepticism seems to be yearly increasing—and there can be but little doubt that it is as mischievous as it is really unfounded. It is certainly quite desirable that clear and distinct opinions should be entertained by northern physicians upon a subject fast getting to be one of such paramount importance. I make this remark, because I think that the reason of their doubts of climatic influence, is plain; in other words, that the cause of their unfortunate experience is becoming well understood. It is, that the climate has not been thoroughly tried. To make a clear and full statement of the whole matter, I will say that I am convinced that the shifting migratory course, South in winter and spring, and North the rest of the year, usually advised and followed, is an erroneous and mischievous one; and that if a northern consumptive can reasonably expect any benefit from this change of climate, this benefit will be obtained only from a continued southern residence for several years.

There is a grave error in thinking that, if one goes South in late autumn, and remains there until late spring, and then returns North to pass the summer and early autumn, he keeps himself in the train of favorable climatic influences. It is not so; and the error is concealed in the fact that a summer at the North does not make a southern climate. This leads me to some considerations upon the peculiarities and differences of the northern and southern climates of this country.

As to the New England climate, it seems quite clear, that, taken as a whole, there is something in it highly predisposing to the development of tubercular disease. Not only do we see this disease here constantly peering out from hereditary predispositions, but the cases are quite numerous in which it seems purely indigenous, being engrafted upon an untainted stock. It is true that this may be said of other countries having an intemperate climate, but very far from the extent of what I think is true of New England. Statistics can be produced to show, that, take the whole year through, pulmonary diseases—inflammation of the mucous membrane of the air-passages—constitute a very large proportion of the disease. In fact, the tendency of disease here seems to be quite towards the pulmonary organs. Aside from the evidence of general observation, this statement has a very significant support in the fact, that in cases presenting some obscure aspects, the suspicion of the intelligent physician is quickly fastened upon the lungs, and an examination of the chest is made; thus showing that where outstanding local or temporary causes are absent, one is almost unconsciously led to suspect insidious disease referable to ever-constant general agencies.

An unequal fluctuating climate, in any latitude, tends to produce these effects. But the climate of New England, besides having this inequality and diversity in a very marked degree, possesses other characteristics having a great influence. Its atmosphere is dry and stimulating, and during the greater part of the year of a low temperature considering the latitude. The effect of such an atmosphere upon a sound constitution is highly bracing, leading to a mental and corporeal activity quite inconsistent with endurance and longevity. It is probably not an incorrect

opinion that many of the moral and physical peculiarities of New England people, included under the terms enterprise and action, may be traced to these agencies.

In such an atmosphere, the constant vicissitudes of temperature render the functions of the skin imperfect, thus increasing the liability of congestions of the mucous membrane; and this mucous membrane, from the fact that it is ever in contact with an irritating medium, is generally that of the air-passages. On this account, mainly, the urgency of these conditions is considerably lessened by the use of flannel next to the skin; the importance of which, worn in summer as well as winter, is now well recognized.

On the whole, New England climate has little in it that is sedative at any long season of the year. The winters are broken and unsteady, especially so on the sea-board, and it is only in the northern inland portions that there is that constant cold which has a far more favorable influence. The character of New England spring weather is too well known to need comment. Nothing could be more uncertain and less reliable. The months of May and June frequently change places, and one is not sure of warm weather until into July. As for the summer months, it is a great mistake, as I have before said, to suppose that they furnish a climate like that of the South. There is, to be sure, heat enough, but it is unsteady, and during July and August the thermometer not unfrequently falls 30° or 40° in a few hours. Intensely hot as it is frequently in mid-day, yet at midnight, if one is exposed, it is rare that over-clothes are not the more comfortable.

But a fact more significant than all the rest as to the influence of our summer weather, is that our consumptives do not generally improve in it; on the other hand, they lose ground. This is generally attributed to the depressing influence of the heat. No doubt there is much in this, for the heat is here often very intense; but more is probably due to the sudden and wide changes of temperature. That this is the correct version of the matter, would seem to be indicated by the influence of our early autumn weather, which is far the best and most genial we have. There is generally a season, commencing about the first of September, and continuing until the early frosts of October, when the weather of New England may be said to be truly fine. The atmosphere is warm and dry, presenting a hazy, quiet aspect, and the light wind is generally from the W. or S.W. It is then that we have those dreamy days that come and go so quietly as scarcely to leave a ripple-mark—reminding one of the sunny skies of the pine-lands of Georgia and South Carolina. Every one, and especially those out of cities, has felt the soothing, sedative influence of this weather.

It is well known that during this weather, our consumptive and other pulmonary invalids improve. The functions of their skin are more active, and the urgency of the cough and all the other pulmonary symptoms is decreased. The expectoration is less purulent, the appetite improved, and the spirits, strength and flesh increased. In many instances the improvement is as unexpected as it is remarkable—and there is often

a melancholy pleasure in thus observing this temporary improvement, brightened as it always is by the patient with a thousand delusive hopes.

This short season is the only weather in New England with which I am acquainted, that is really favorable to consumptive invalids.* And in its favorable influence, and at the same time in its resemblance to that of the pine-lands of the South, there may be drawn something more than a hint as to the real agency of southern climate upon diseases of this nature. But broad as this hint is, it is not usually taken; or if so, not in time. For many invalids in the second stage of consumption, improved as they have, do not perceive the wisdom in taking means to continue in this same climate, but delude themselves with the hope that they will be well enough to remain North during winter; or, if they conclude to go South, defer it until they are obliged to, having two or three "colds upon their lungs."

The peculiarities of a southern climate, as bearing upon its benefit to consumptive invalids, are far from being referable alone to its elevated temperature. I refer here to the alluvial and pine-land portion of Georgia and South Carolina. It has other characteristics, which, though less well understood, are not the less important as to effects. The atmosphere has a decidedly sedative, soothing influence, which, due to whatever causes it may be, has a very desirable effect upon the mucous membranes of the air-passages—and this effect, once commenced, is not likely to be disturbed by sudden vicissitudes of temperature. There the general tendencies of disease seem to be changed; and that, too, from the thoracic to the cutaneous and abdominal organs; and it is through these changed relations that the cure is to be effected. But a fact more worthy of notice than all the rest, is the almost complete exemption from phthisis of the native inhabitants of this section of the country. It is true that consumption is there found; but a careful inquiry has shown that in almost every instance it had been immigrated either directly or indirectly. Other diseases, such as those of a miasmatic character, those of the intestinal canal and its appendages, seem to exist in the place of those of a tubercular nature; and were we better acquainted with that curious yet important subject—the *antagonism of diseases*—we might, perhaps, better understand how these relations are effected.

That these relations of disease are based upon climatic influences, might be here shown in many ways; but I will mention one fact, observed by myself, which is quite indicative. In northern and upland Georgia, the soil and aspect of the country quite resembles that of New England. There, as in New England, the primitive geologic rocks appear; and it has for a long time been remarked, that nowhere South is the climate so much like that of New England as in this section. The diseases follow in the same train, for they are preëminently those of the

* The fine weather of a New England June has always been insisted on and highly recommended. But of late years this does not appear to have been true—for it has been unsettled, and often colder and more uncomfortable than May. If one can trust the testimony of elderly people, it would seem that in this and other respects, the climate has changed very perceptibly in the last quarter of a century. Now, they affirm, the winters have not that steady severe cold as formerly, but are more open and broken, running into the spring; and this last, in its turn, usurping a portion of summer.

pulmonary organs. Consumption, lung fever, bronchitis, are common, and this, too, at the apparent exclusion of the diseases of the low and pine-land regions.

An additional fact of the same bearing, and which may here be mentioned, is, that, even in the pine-land country of upper South Carolina, a very severe winter (as the last, for instance) is quite productive of pneumonia or lung fever with those inhabitants living on creeks or in damp spots. The construction of their houses is little calculated to shield them from the adversities of cold and damp; and thus situated, it is rather a noticeable fact, that the disease assumes an acute form, exactly as is true of the Irish of New England, in whom tubercular tendencies are not common; whereas, among our native inhabitants, acute pneumonia is rather a rare disease, the pulmonary affections being generally of a more chronic and insidious nature.

If such are the influences of climate upon comparatively healthy constitutions, we should naturally infer that its tendency would be towards arresting the development of tubercular disease, and favoring that condition of the general system leading to a permanent cure.

That this is so, I fully believe, and think it can be tolerably well shown, imperfect as the state of inquiry has hitherto been.

But if we sought proof in the results of migratory invalids, our case would truly be a poor one. If climate is to work a change, it is foolish to expect that that change will be effected unless the individual gets acclimated. It is, therefore, to the results of those cases of tubercular disease where the residence has been permanent, that we are to look for a correct version of the matter.

In my intercourse with many intelligent physicians at the South, many cases were described to me, in which individuals from the North, having phthisis in its first stage, had taken up their permanent residence there. Their pulmonary symptoms gradually disappeared, and now they are quite free from them, enjoying a very fair share of health. In the same manner, also, several cases were described to me, in which the disease had far advanced in the second stage—a cavity or small cavities having been produced in one of the lungs. These individuals remained there permanently, settling down into a quiet life. They recovered so as to enjoy tolerable health—the cure taking place, as indicated by physical signs, much in the way Laennec has described, by the partial cicatrization of the cavities, which yielded a blowing, dry, amphoric sound. In one of these instances the young man felt so much restored after a few years, that he hazarded a return to New England for a permanent residence. But in less than a year he was seized with a violent and unexpected hemorrhage, and died soon after of ordinary phthisis.*

It is to be regretted that statistics upon this subject have not been made out; but as the matter now stands, the conviction left in the mind of the medical inquirer and observer is full and clear.

* In citing these facts, I trust I shall not be misunderstood. I am very far from advocating the doctrine that all who have consumption in the first and second stages, can get well by living permanently at the South; but I do advocate that if benefit in these cases can be reasonably hoped for by this change of climate, this change should be permanent.

There is another fact, vouched for by an intelligent physician of Georgia, and which should be mentioned in this place. He affirmed to me that the negroes of Maryland and Northern Virginia, affected and broken down by pulmonary trouble, and perhaps scrofula, as shown in enlarged glands, &c., if sold to the Georgia and other far Southern planters, soon improved, losing their symptoms, quite often recovering, and growing strong and fat.

I was also struck with the fact of the long duration of phthisis with those negroes of the South, who, from quite ill conditions of life, had contracted the disease. It seemed to run a light, lengthy form, although perhaps fatal in the end. I recall to my mind one instance, where I examined the chest of a negro having tuberculosis of the apices of both lungs, and a cavity in the left one. To the physician with me I declared that he would die in three months. But he affirmed that he would live two to three years, and that, as property, this probability of life would be admitted.

But I need discuss this matter no farther. It now remains for me, in conclusion, to make a few general remarks.

The view I advocate is, that if a consumptive can reasonably expect benefit from a Southern climate, his residence there must be permanent and not migratory.

Besides the arguments already adduced in support of this view, it may be worth while to notice the testimony given me by those physicians residing in the winter resorts of Northern consumptives. Generally, they say, they (the invalids) do not arrive there until actually driven by the cold weather of the North. As soon as the warm, delightful weather of April has come, and they are, if at all, in a fair way for permanent improvement, they are uneasy about their return North; and the occurrence of two or three quite warm days in succession, soon settles their determination. By early May they have left, looking much better than when they came. The ensuing winter they appear again, but it is evident they have lost ground during their absence; they return home again in early spring as before, and here often is the end of their migrations. Others, having the disease in a more chronic form, appear regularly for many years; but at last are not seen or heard of again.

I am aware that invalids, on going South, expect too much in the way of climate. They picture in their minds cloudless skies over a land of the cypress and myrtle, and which will immediately effect their restoration. I need scarcely say that in this they are doomed to disappointment; and so will it always be, until the opinion is fully recognized—that it is not sunny skies that will alone benefit them, but rather a continuation under the aggregate of the influences of the climate.

At the present day numerous objections are raised by Northern physicians against this Southern migration. One class disapprove of it on the ground, both of the incurability of the disease, and a disbelief in warm climate, based upon an ill-digested theory, partly chemical and partly medical. Another class, and much the more numerous, although avowing a belief in Southern climate, nevertheless quite object to the migration on the ground of humanity. They cry out against what they call

the cruelty of sending people away from the comforts and attentions of home—and that too with a wide possibility to die among strangers. In its place they advise the patient to remain among the comforts of home—occupying a large chamber, which by various arrangements is to have a Southern or summer atmosphere!

There is some force in a part of this objection, for sometimes there is great inconsiderateness in urging patients away. But, taken as a whole, it is not valid. Certainly no judicious person would advise the going away of a patient unable to bear the journey, or whose end is not far distant. But the conveniences of modern travel have taken away the former terrors of the transit. The journey now is easy and of short duration, and with mail and telegraph one can feel quite near home. With these conveniences there seems little necessity for the immuration of an invalid in a chamber—obliged all the while to take sedative medicines for cough—and however many and complete the home-comforts, yet in a fair way to depress the nervous system, and enervate the whole body.

In no disease is there so much danger of over-medication as in consumption. Experience has shown, that as a disease primitively of the nutrition, our object must be to strengthen the nutritive function, and to spare every unnecessary dose of medicine into the stomach, the tone and power of which, must be carefully nursed by proper food. I need scarcely say that these relations cannot be carried out by a winter's residence at the North, however favorable the circumstances.

In cases where the symptoms are not immediately threatening, and the patient has remaining considerable physical power, so as to be about in an easy way without fatigue, it will generally, I think, be judicious to advise, at least a winter's residence at the South, where one can be under the influence of pleasant days, and drink in balmy air instead of cough mixtures.

As to a summer's residence at the South, beside the objection of its being unnecessary, there is another generally urged—the enervating effect of its excessive heat. This objection is not well-founded, and rests more upon ideas of a more southern latitude than any thing else. As to degree of heat, the mercury certainly rises higher in the New England than in the Southern States. For in these last it rarely exceeds 90°, even in the hottest season. It is true that the hot season is long, and, in the low sandy regions, its effect is quite depressing. But possessing such a variety of climates as does South Carolina and Georgia, the invalid need not thus be endangered, for there are resorts midway between the low and the mountainous parts of both of these States, where the summer climate is indescribably fine, having, perhaps, no equal in this or any other country.*

But in advocating the necessity of a permanent Southern residence for the consumptive, I should be willing to do so only with some exceptions. There is a class of patients, generally of the so-called lymphatic and bilious temperaments, who bear heat badly; and what they gain in a decrease of local symptoms, they lose in general strength. I need scarcely say that

* Such is the character of climate of Greenville and its neighborhood in South Carolina, and of Stone-Mountain in Georgia. In fact, there can be little doubt that the climate of both of these States is far better in summer for invalids than in winter.

this class of cases everywhere is the most intractable, and least amenable to treatment. It belongs to the judicious physician to perceive the relations of such cases, and advise accordingly.* As to variety of climate and climatic advantages, the United States are certainly more highly favored than any country. If this fact is known generally, it is not appreciated. No invalid need cross the water; for in our own borders, among our own people, who speak the same language as ourselves, we can, by a journey of less than 80 hours, be in a clime certainly not surpassed by any of the old world. Dissatisfied as the English are fast getting with their "sunny Italy," or their "beloved Madeira," it may not be regarded improbable that, when the communication shall have become easier and more direct, they will exchange these for the sunnier spots of Carolina and Georgia.

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MEDICINE IN SYRIA.

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SYRIA, like all the rest of the world, is abundantly stocked with doctors. There are in some of the larger towns European or American physicians, some of whom are thoroughly-educated and scientific men. Most of them are connected with some missionary society, or the Turkish or other government. The London Jews Society has the accomplished Dr. McGowan and Mr. Sandford in its service, at the hospital in Jerusalem. The American Board of Missions has a physician in Sidon, another at Beirut, and a third at Mosul. These gentlemen have taught a young Syrian, who is quite respectable as a physician. The Associate Reformed Presbyterians have a physician at Damascus. There are some Jesuit physicians in the land, connected with the missions of that body of propagandists. The French government has a physician in Beirut, and one in Damascus, who are well paid, besides the privilege of private practice. They report to their government what they find of disease here, for the benefit of science in France, and also to enable the French government to justify its course in shortening the quarantine against Syria. They have physicians also in Smyrna and Egypt, for similar purposes. The Turkish government has a number of physicians in its quarantine and military service, most of whom are Europeans, being Italians, Poles and Hungarians. All of these gentlemen add to their incomes from the Turkish government by private practice among the European residents in the towns, and the wealthier natives.

In addition to these foreigners, there is a small but increasing number of natives who have studied medicine in England or Egypt, or in the Sultan's schools at Constantinople. These gentlemen vary very much in their professional attainments, and from insufficient previous prepara-

* In this connection I may make a remark having an unrestricted application. It is, that in a disease so precarious as consumption, if an individual residing at the South is doing well, the wisdom of letting well alone and remaining there, should be recognized, however late in spring the time may be. They should not act up to the dictates of a common theory, before they have tested its value in their cases, by individual experience.

tion and other causes are inferior to the European physicians here. There are other natives of good capacity, who by careful observation and thought, and by studying the books printed in Arabic in Egypt, under French superintendence, and by *conversation* with European medical men, so *methodically pursued* as to be no mean substitute for clinical and other lectures, have attained to an amount of knowledge and practical tact which make them highly respectable practitioners. Dr. M. Meshaka, of Damascus, is a shining example of this. Knowing no language but Arabic, he has acquired a sufficiency of knowledge of the sciences of the day to enable him to pass for a well-informed man in any community; and he is a good physician as well as an estimable man. I had no true appreciation of the value of conversation as a means of gaining knowledge, until I saw how much he had acquired, digested, sifted and stored for use in this way.

Descending from these men, we find an ever-increasing number of doctors, with a smattering of medical literature or with none at all. Some have read the French publications, rendered into Arabic in Egypt, just enough to spoil their language by a mixture of French technics, and confound their brains by a glimpse of the modern advance in medicine. Others study the old authors, and gravely quote Galen, Avicenna, &c., as the lights of all ages, to whose authority all must bow. Others study nothing but some pharmacopœia of popular nostrums.

The pressure of other matters keeps me from general practice, and I am often in consultation with all classes, and you can imagine the variety of authority to whose *dictum* I am at different times expected to yield my own convictions. To-day the accomplished Frenchman eloquently explains what he has learned of the state of the patient by careful examination, and almost confounds me into submission to some fancy of Broussais or rule of Louis. To-morrow an untaught Syrian will assure me that opium is a cold remedy, and that all acids injure if the chest be inflamed, and that neuralgia is wind. One asserted that fever is a hot disease, and should have a corresponding, i. e., a hot remedy. Luckily he thought, from the result of other cases, that cream of tartar is a hot remedy, and this double blunder saved his patient and confirmed the doctor in his theories. Another, having a patient with a tremulous quaking of the head, ordered the application of a large stone mortar, which the patient was to wear on his head until the coldness and weight of the stone should still the quakings. In a few hours all were still in death. The favorite, indeed universal theory of this class of practitioners, is that the stomach is the great cauldron where all bad humors are concocted. These ascending to the head are there condensed and stream down (I use their own favorite illustration), here and there causing inflammations in the parts to which they descend. Returning, ascending humors are cold, as scrofula. From this theory the vulgar name for inflammation is *descent*; and if inflammation recurs often in any particular part, the inference is that the humors have worn a *channel* there, and the common practice is to cauterize with a hot iron across the supposed track of this subcutaneous canal. I have seen a thorough burn entirely across the forehead, to cure recurring ophthalmia. The prac-

tice succeeding proves the theory, a very common mode of reasoning even farther West! Actual cautery is used extensively and in every-day practice. Infants are cauterized at the cervix for aphtha. Neuralgia is treated with fire. I have seen cautery carried quite across the abdomen in three parallel lines for chronic diarrhoea; and issues are made by actual cautery, as freely as blisters are used in the United States.

Local bloodletting, as well as general, is practised extensively. Leeches are found in the interior, and are gathered for export in large numbers. Scarification is employed in the case of young children. Often an infant will be put under the razor of a barber, who coolly makes deep or superficial gashes on the calf of the leg or along the back. A stout man with florid face, complaining of headache and giddiness, had a string drawn tightly about his neck until his face became almost purple. A razor was placed on the tip of his nose, and struck sharply with a stick so as to slit the tip of the nose and extract blood, in imitation of nature, who cures headache often by epistaxis.

The surgeons of Syria are generally barbers—many of whom are dextrous in the use of their instruments, which are very few and simple, and crude in form and workmanship. I have a neighbor who has no knowledge of anatomy and cannot read, who has operated for stone with success repeatedly, though not always. Some native oculists operate for cataract by puncturing the sclerotic with a common lancet, and depressing the lens with a probe. None of these men know anything of anatomy, and it would seem that they are guarded from accident by that merciful and wise Providence which so uniformly gives some compensation for the deficiencies which he has allowed. For instance, the circulation of the blood is little known, and that the artery near the vein at the elbow will not cease to give out blood as easily as a vein, is as little understood. They do not open it purposely, because it is not the custom, and I have been able to learn of only one instance in which it was opened accidentally. A native told me that in a fleshy person, where the vein could not be made to appear, he used to feel for the *throbbing vessel and plunge his lancet down towards it, because the vein is commonly above it*. And yet he knew nothing of the accident of which most western hospitals can give repeated instances from their own records.

The science of bone-setting is all *knack* here, or innate skill. Bone-setters are often women, or cobblers, and in the the country they are commonly goat-herds who have gained experience by tying up the limbs of the goats which are broken among the terraces and rocks of Lebanon. Short splints, say four inches long, tied tightly about the fracture, are the sole dressing. The extremity of the limb swells, and mischief follows often. I was consulted a few days since by a Druse, whose son, 4 years old, had broken the *humerus* near the elbow. It was bandaged as above described, and as a consequence the fractured end of the *humerus* and the front of the elbow-joint were denuded of integuments, and nearly half the flesh of the fore-arm sloughed off. A man having had a crooked fore-arm result from such treatment, consulted his doctor, who told him to have it broken again and re-set. He consented, but the

doctor found the bone strongest at the old fracture, and broke both bones between that and the wrist. The result was a double curve, but unfortunately the second was not so contrived as to compensate for the first.

Teeth are extracted with the simplest forceps; and the only filling of teeth I know of, is by a priest, who first pulls the tooth, then fills and restores it. Indeed, we residents often wish that a good dentist, fully equipped, would visit the holy land, and take Beirut in his way.

Had Syrians the anatomical and other knowledge requisite, they would be no despicable surgeons. They are dextrous in all manipulations they are acquainted with, and are acute and prompt in their reasonings and decisions. Their fathers had a name in our profession, and the sons of this generation need but the means and the opportunity in order to take their place among the lights of science, as in the days gone by.

Beirut, Syria, July 3, 1852.

HENRY A. DE FOREST.

DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 115.]

HAVING thus commenced at the distant extremity of a long series of causes which we believe predispose women to the affections under consideration, we will take up in succession some more immediate. In the class to which we have hitherto confined ourselves, viz., those acting upon the general system, we must enumerate those offences against the laws of physiology which are often so habitually committed that their flagrancy is not only not suspected, but very difficult to be demonstrated to the offender.

It would be impossible, without giving a separate chapter to the subject, to enter into all the particulars of these—nor, indeed, unless we were writing a treatise for the people, would it be necessary. We will therefore only enumerate the heads under which such offences are found.

There are, as the chief ones—diet, exercise, ventilation, thermal condition, and clothing.

Upon the first and second we imagine we can say nothing that the reader does not already know, and, indeed, which is not already threadbare from repeated reiteration in almost every popular work on health. In ventilation, or rather in a want of proper ventilation, we still find offences committed that many practitioners, grounded *theoretically* in the subject, do not fairly estimate. Bed-rooms are, but in a very few instances, ventilated as they should be; even in the largest houses and with the most intelligent. With those in humble life, the fault in this particular is still greater. The consequence is, that many are habitually deprived for one-third of their whole life of the proper amount of pure air necessary to renew and render nutrient the blood, a deprivation that must be powerful in its effects to break down the tone and elasticity of the system, and which of itself seems to us a sufficient cause for the gaunt forms and white faces so common amongst us. The same want of ventilation is found to as fully great a degree in most of the workshops of female operatives, at least during the winter time, when dozens may be found occupying one room, of itself far too small, and heated by a close stove.

In the thermal condition in which we keep ourselves, we think the fault two-fold. Houses are heated too highly—and the difference between our in-door and out-door garments is not in any degree proportionate to the difference in temperature. From the first fault, an unduly rapid yet feeble circulation, and a lax fibre of body, are acquired—two conditions highly favorable to engendering the diseases under consideration, particularly when the individual is, as is often the case, exposed to such influences day after day without any out-door exercise; the only variation being from a sitting room at 80° and over, to a close and unventilated bed-room. The change we would advise, is to keep the house cooler, to dress habitually warmer, to depend more upon natural, and less upon artificial heat. Then, when out-door exposure is to be endured, meet it with a greater difference of garment.

The above fault in our clothing is one which applies equally to each sex. Another which interests us here more, is peculiar to women—viz., the slight protection offered by their garments to the lower limbs. Their shoes are too thin, and their stockings, even when of thick material, too open to effectually prevent the access of cold to a large portion of the surface of the leg. The effect of this is to drive in the blood and induce engorgements of the pelvic viscera, more particularly of the rectum and uterus. That cold applied to the feet and legs does this, any one who is subject to hæmorrhoids can testify, from the readiness with which thin shoes on a cold day, or wet feet, will bring on an acute attack of the disease. The same mischief is effected with woman; though, unless the imprudence is committed at the menstrual period, and then does it immediately by suppressing or at least embarrassing the flow, the evil consequences are not perceived until the damage is a confirmed one. Their skirts wet by dragging through the snow or rain, and then hanging about their ankles for hours afterwards, is another very prolific source of these engorgements in school-girls and work-women. In both, we have traced dysmenorrhœa immediately to this cause, which it is evident may be, and is likely to be, repeated with both these classes of females until the effects are permanent.

Even when not produced in, the above manner, but as a disease of itself, dysmenorrhœa from a uterine engorgement must, we think, be enumerated among the causes of the other affection. At least, cases have been presented to us in which we have had an opportunity of watching the progress of the disease, though unfortunately, from indisposition of the patient to assist us, without power to arrest it—where we have found no other reason for the gradual descent of the womb except its unnatural weight and the loss of tone in the parts from the violent perturbations to which they were subjected at each menstrual period. To this we ask particular attention, as with the exception of Lisfranc [*Maladies de l'Uterus*, p. 526] we find no author giving congestion the prominence we have been led to think due to it as a cause of these affections.

The last of these causes operating only indirectly, is habitual constipation—we mean in one method of its action. The mass collected at the extremity of the colon, and in the rectum, pressing upon the vessels returning blood from the uterus, evidently furnish a frequent source of engorge-

ment of that organ, and, if the views just stated are correct, a cause of displacement.

We have thus disposed of those causes, or, at least, of the principal and sufficient of them, which in producing uterine displacements operate through the general system. We will now take up those that act more immediately upon the organ itself.

The first among these, acting indeed to a certain extent in both ways, is found in exertion too soon after child-birth—and we feel assured that our readers will agree with us in considering this a very prolific one. There is scarcely a more common error among women than to pride themselves upon the early period at which they “get about” after confinement. With the young and hearty—*primapares*—the general system soon rallies after child-birth, and they feel as strong as ever; and possibly—even putting aside the stimulus of emulation, so they are—except, locally. The contents of the pelvis, however, have not fully returned to their previous condition; or if they have, they have not yet regained that tenseness of fibre which is necessary to guard them from the effects of severe strains—so, that though the first bodily exertions may not immediately be felt, these do produce an impression which, if increased, or even kept up, must result in a most hurtful disturbance of the organs of that locality, particularly of the most mobile one—the uterus.

Adding to the above cause the method in which many women habitually support their children—not against the chest or upon the lap, but against the upper part of the abdomen, and, when sitting, with the whole weight of the infant directly upon its walls—and we have, if not of itself a new cause, at least a powerful adjuvant to the last.

We have just mentioned the indirect effects of constipation. It acts, however, still more immediately by effecting displacement mechanically, a fact that no one will doubt who has ever examined by touch the uterus of a woman habitually costive. It will be found wholly impossible to produce the slightest effect in attempting to return the organ to its proper place, while the rectum is full. Another method in which this condition acts in producing these affections, is, by the great exertions required to obtain a stool. The efforts of the abdominal muscles to force out the hardened and impacted feces must be felt almost equally by the uterus, and assisted by the still more direct effects of a loaded rectum upon it—just spoken of—they cannot but have great effect in forcing down that organ, or in pushing it—already canted forward—over upon the bladder, and thus inducing anteversion.

Another mechanical cause of uterine displacements is one which has as yet received but little attention, and which, in the paper above alluded to, we have set forth at length, claiming at the same time to be the first to have so done. It is in the weight and in the method of wearing the skirts of their dress now adopted by women for some eight or ten years past. We feel that we cannot do better than to quote from the article. After describing the upper half of the dress now worn, as cut low in the neck and receiving no support from the shoulders, but held solely by the strips of whalebone planted upon and supported by the expansion of the figure at the hips, we go on to say: “To the part below the waist

however, we believe we can look with confidence for a full and satisfactory explanation of the mischief done.

"With a view to improving their shape, the lower part of the dress of women now consists of six, eight, or even more skirts, made of various materials; cotton—the stiff woollen material, intended for curtains, called moreen—flannel, and at times quilted with cotton-wool—weighing together, as ascertained by actual experiment, ten, twelve, and even fifteen pounds.* Each of these is supported by a string drawn very tightly round the body. We have seen the marks of these strings for days after the skirts have been removed—we have seen them even after death. Here, then, is the first source of evil; the continued pressure and constraint that these strings keep up, evidently embarrassing greatly the organs within. When to this, however, we add the weight of the skirts, we cannot but at once perceive how great an additional force we set to work, particularly if its operation, as exerted upon organs having amongst themselves a mobility almost as great as that of fluid, be properly estimated. To protect the abdominal viscera against this pressure, remember there is nothing, in front at least, save a thin partition of woman's soft and tensionless muscle. That these viscera should be forced downwards, is not surprising; that they must in turn exert an equal force downward on the pelvic viscera is apparent; and that the uterus, the most moveable of the last, and the most obvious by its situation to receive such an impulse, should give way to the continual assaults upon it, is what we might most readily expect from the premises. Here we have an explanation, full, and we trust convincing, of the frequency of a disease in the youngest and heartiest of the sex, which twenty years since was considered peculiar to those whose powers of life were greatly exhausted by demands upon them, or were already on the decline from age."

With reference to the insidiousness of this cause, and the blindness of the sufferer to it, we say: "We look upon the mischief thus done as no whit less than that effected by tight lacing; but if anything, greater, for it is more silently done. Friends cannot see, and do not understand, the evil at work, and therefore can give no warning word. The symptoms themselves commence so gradually and point so indirectly to the cause, as to excite no alarm in the victim. Exercise which ought to invigorate, soon fatigues and becomes distasteful. Ascending a flight of stairs, or stooping to lift a comparatively light weight, instantly loads the hips with a burden that can scarcely be borne. The back, particularly at the lower part, feels sprained, and memory is taxed in vain for some injury to account for it. Dragging sensations around the hips, pain down the legs, and weak knees, are attributed to rheumatism. The symptoms may now begin to point more directly to the real seat of the trouble—every monthly period brings renewed sufferings, from which the system rallies more and more slowly—daily and hourly embarrassments

* The higher numbers mentioned here must of course be considered as rare and extreme cases. The truth of the general statement—which we have often heard denied—we again re-assert. Our authority is the acknowledgment of women themselves, and still better, actual experiment. In one case we astonished an incredulous patient, by weighing one of her skirts in her presence, and showing her that she had been carrying *five pounds* in one garment alone, strung round her hips. How much the *other four* weighed, we did not think it necessary to ascertain.

occur of nearly all the organs within the pelvis—an irritable bladder (a very frequent symptom in my experience)—hæmorrhoids—unceasing pain and continual sensation of bearing down. The retiring delicacy of maidenhood shrinks from telling these, and unless marriage happily brings her under the care of a physician, the mischief goes beyond hope of relief.”

So much, for the present, upon this particular cause, the importance of a consideration of which, as we have just said, has forced itself strongly upon us; being convinced that even where it cannot be esteemed the sole cause, it yet plays such a part in aggravating and perpetuating the disease, as to render futile any attempt at relief until it be removed.

To close this list of mechanical causes, we add to it all those occupations which require strong contractions of the diaphragm and abdominal muscles continued for a length of time, particularly when to these are added a stooping position. We cannot, of course, specify all such, but among them we may mention as instances washing, ironing, scrubbing floors, some branches of the manufacture of cotton and woollen cloths, and, indeed, several mechanical trades in which women engage. This list, however, is already sufficient for our purpose.

We have thus divided the causes of uterine displacement into two classes—viz., those acting upon the general system, and those acting mechanically upon the organ more or less directly. In enumerating these, we have given only those about which there can be no doubt, or which at least were so plausible as to demand in our estimation careful consideration, on account of the immediate practical bearing of them.

There are still some causes of uterine displacement of a mixed character, between these two classes; and, also, some which various authors have given, but which we think very doubtful, though still such as we ought not to pass over in silence.

Among these is frequent child-bearing; which, however, we cannot look upon, as some would, in the light of a cause, necessarily, though we do not doubt that the exhaustion of the system attending the frequent bringing forth and nursing of children may predispose a woman to descent of the uterus.

Relaxation of the vagina has, with great plausibility, been considered a frequent cause of prolapsus uteri; we do not think, however, that this tube acts so peculiarly as a supporter to the organ above, that we can very well separate and particularize the effects of a flaccid state of it from those of a want of tone in the neighboring parts—which, be it noted, must always necessarily be the result of the same influence that produces the other. In saying this, we have in view the success of the operation devised by Girardin for the relief of prolapsus, by excising a portion of the circumference of the vagina, but we do not think that it weakens our general position. We will speak more particularly of this bye-and-bye.

Prolonged phthisis, and also chronic bronchitis, are often accompanied by prolapsus, which may be the result of the combined influence of the enervation of the system and of the frequent spasm of the diaphragm. Great emaciation is also charged with inducing it, and we can readily

conceive that an attenuation of all the parts concerned would favor a descent of the uterus, more especially when accompanied, as it almost always must be, by general debility and relaxation.

There are certain peculiarities of the person which are considered as predisposing causes of prolapsus. Those most so, are great breadth of the pelvis, and obesity. As unvarying as all traditional assertion is in giving these as causes, we still feel great doubts as to the facts, and wait for further systematic observation to determine them. Though we cannot as yet offer a great array numerically, what cases have come under our notice have been such as to start the doubt above expressed. As another structural cause, Levret mentions preternatural length of the ligaments of the uterus, which may be congenital or may be induced. Dugés and Boivin oppose this, as would any one who took the view above quoted from Astruc as to the functions of the ligaments. With this we close our list of causes of uterine displacements, confident that we have fairly exhibited all that have any claim upon our attention, either for their interesting pathological bearings, or for any practical purposes in treating the disease.

CONSTITUTIONAL EFFECTS AND SYMPTOMS OF DISPLACEMENT OF THE UTERUS.

As, in estimating the causes of these affections, there was a difficulty in separating the attending conditions of the general system from those which lead more or less immediately to displacement of the uterus, so in detailing the symptoms of these diseases we find some difficulty in separating those sensations proceeding from disorder of the economy, accidentally attending the chief affection, from those caused by the displaced organ. This difficulty is increased from there being in fact no pathognomonic sign of the disorder—no symptom that of itself can set the existence of the disease beyond all doubt, and still less which will enable us to discriminate in all cases and accurately between one form of displacement and another.

There is a difficulty, too, in separating the constitutional effects from symptoms. For, if the former are very constant, they of course could properly be classed under the latter. We have therefore embraced both of them under one head, and in detailing them, for the most part, shall leave it entirely to the reader to class them as he wishes.

We should here say that the absence just spoken of, of any pathognomonic sign, for all practical purposes does not matter, as the touch is an infallible test of the existence of the disease; and, as we have already strongly stated, whatever symptoms may lead us to suspect uterine displacement, and however strongly our suspicions may be heightened, no practitioner should feel justified for a moment in depending upon them, when so speedy and so sure a means of removing all trace of doubt and all possibility of mistake is at hand.

We look, then, upon the symptoms attendant upon these diseases as only valuable in turning our attention at the outset to the affected organ, and in pointing out what other derangements accompany or are caused by the chief one.

Omitting any further consideration of elevation and of hernia of the uterus, we will give in turn the symptoms of the other displacements to which the organ is subject, and afterwards those common to all—or the constitutional effects, where they have not been sufficiently detailed in our previous remarks.

Anteversio and Retroversio.—In neither of these derangements, when existing simply without prolapsus, are the symptoms at all marked, unless they produce embarrassment in the functions or the surrounding organs by mechanical pressure. We have had but two cases of anteversion and one of retroversion in our practice; and this seems, from the statistics of others, to be more than our share. Of course, they cannot of themselves go far to illustrate the diseases, but they did exhibit to a marked degree a difference of symptom which we are inclined to believe may be pretty constant. It was with regard to the manner in which the bladder was annoyed. In one of the cases of anteversion, there was an irritability of the bladder—a frequent desire to urinate; in that of retroversion, there was an inability to vent the urine. In the first case, the fundus of the uterus having fallen against the body of the bladder, irritated it and excited a desire to empty it. In the second, the mouth of the uterus had settled against the neck of the bladder, and thus created the difficulty in urinating. So far, our observation from these solitary examples is confirmed by other writers. Of the second case of anteversion, we will have occasion to speak, when we come to treat of the displacements of the gravid uterus. In retroversion, embarrassment of the rectum becomes a very troublesome accompaniment, the fundus often lying directly against it, and causing an accumulation of feces. In anteversion, the bladder is chiefly annoyed. For the rest, there are no symptoms of the displacements which are not common to both, and also to prolapsus of the organ. Upon examination with the finger, there can scarcely be any difficulty in recognizing the disease. Even where engorgement has altered the form and density of the organ, its orifice can be reached with the finger, and thus prevent its being mistaken for a tumor, whilst the direction in which the aperture is found will determine the particular kind of the displacement.

In *obliquities*, the embarrassment of the neighboring organs not amounting to a very perceptible degree, the disease is generally not suspected until pregnancy, or until the uterus is also prolapsed, in which case, the symptoms are those common to a descent of the organ without obliquity, modified possibly to a slight degree by interference, as in the above cases, with the neighboring organs.

SOUTHERN RESIDENCE FOR PULMONARY INVALIDS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the season is approaching for your pulmonary invalids to approach a southern latitude for the winter, permit me to offer, through your Journal, a suggestion with reference to a residence here. I am induced to believe, from a somewhat extensive observation, that pulmonary

invalids do better in our *pine lands*, than in our *oak land* retreats. There are large bodies of such country lying along the line of the Georgia Rail Road, in a healthy region, with good water and good society. Along this line of rail road, from Augusta, Geo., to Crawfordville, are plenty of accessible and agreeable places of abode, where the invalid in quest of a winter home can find a pleasant retreat. The fluctuations of temperature in this *pine region* are not manifold. We are fully convinced that it offers better and safer inducements to the valetudinarian than other parts of the South. The altitude of the pine country along the Georgia Rail Road is greater than in other parts of the Southern States, while the atmosphere is emphatically dryer. Again, it has appeared to my mind, and the position is plausible, that the breezes, impregnated as they are by the odor and peculiar flavor of the *pine*, exert a salutary and healthful influence upon the lungs. Pulmonary diseases are of comparatively rare occurrence in these regions; consumption is scarcely known among the real inhabitants of this section; while it is notorious that it is upon the increase on our oak lands. For a northern invalid to get the full benefit of our clime, he should spend the summer in the South. All experience shows that pulmonary patients stand our summers better than our winters. Indeed, were we a confirmed consumptive, we would rather spend our summers in the southern parts of the Union, than anywhere else upon the globe.

Anywhere along the line of rail road, from Augusta to Crawfordville, fine quarters can be obtained. Among the most favorable points for an invalid, we should regard Benzelia, Belair, Dearing or Thompson. We live within a mile of the latter place, and can speak from personal knowledge of it. The accommodations at this point are good. It is a small place, two hours' ride by rail road from Augusta, Geo., and has none of the vices or allurements of city life; no grog shops or other annoyances; while the surrounding country abounds in churches.

We throw out these hints to your northern readers, because the advantages of this region are not known abroad. Use the remarks as you deem proper.

Respectfully,

Thompson, Geo., Aug. 20, 1852.

H. A. RAMSAY, M.D.

"IS NITROUS OXIDE ANÆSTHETIC?"

[Communicated for the Boston Medical and Surgical Journal.]

THIS question is gravely asked in the number of the Boston Medical and Surgical Journal under date of June 30th, 1852. I beg leave to reply, briefly, that it is not, and to demand that a case shall be produced of a recent operation where it has been proven so; for certainly, if nitrous oxide gas *ever was* an anæsthetic agent, it is so still; the agent has not changed, and human nature remains the same. Nitrous oxide has so often proved to be simply *intoxicating*, and not anæsthetic, even by the late Mr. Horace Wells, the dentist, and more especially by the French Academy of Sciences, upon rejecting his claims to the discovery of anæsthesia, which was then before that body; saying that nitrous

oxide is "dangerous and improper, and does not produce the effects alleged by Horace Wells;" that I feel surprised that a doubt should still remain in the mind of any one. The experiments of Dr. Beddoes, and those of his pupil, Sir Humphry Davy, ought to suffice. Davy, who first suggested that nitrous oxide gas might be used as an anæsthetic agent, proved the contrary by experiments which lasted during an entire week, in which he breathed the nitrous oxide gas, and says he had "*an increased sensibility to pain.*" This careful observer could not have been mistaken.

The writer of the communication alluded to, who signs "Ira Manley, Jr.," labors under some serious mistakes. He states, first, that "Dr. Rogers presented Dr. Horace Wells at the College of Physicians and Surgeons of New York, during the winter of 1847 and 48, as a gentleman who had just returned from France, where he had been awarded 25,000 francs for being the discoverer of anæsthesia." If he was so presented, it was under *false pretences*, as no such award was ever made in France. The "Comptes Rendus" of the French Academy of Sciences, to which institution all such questions are referred in France, contains *every* transaction of that body; and makes no mention of it; but on the contrary, *expressly* negatives any such idea, and awards the discovery of "anæsthesia," *distinctly and in terms*, to Dr. Charles T. Jackson, of this city, with 2,500 francs in money, the highest Montyon prize, for the greatest medical discovery in medicine and surgery; and its members procured of the government of France, the Cross of the Legion of Honor, instituted by Napoleon Bonaparte; and, so far as I have learned, he is the *only* American who has been deemed worthy of this high consideration.

Dr. James R. Chilton, chemist, of New York, who prepared the nitrous oxide for the experiment before the New York College of Physicians and Surgeon, alluded to by Mr. Manley as a successful one with nitrous oxide, says the application was not successful, "the patient screaming out under the operation." Mr. Manley may not be aware that ether was substituted by the surgeons, and that it was owing to this agent alone, that anæsthesia was subsequently produced before the class at the New York Hospital in the case mentioned.

Mr. Manley further says, that "Dr. Wells would have mentioned this circumstance had he not, in his devotion to science, experimented with chloroform to his own ruin." I cannot but admire Mr. Manley's ingenuity in making a martyr of Dr. Wells; but unfortunately the record does not sustain him (vide the New York Herald and Journal of Commerce at the time). I do not wish to revive the painful and disagreeable circumstances of the suicide of Dr. Wells by the use of a razor, produced beyond question by the faults of his own life, for which he was then suffering imprisonment in the "Tombs" of New York; but must say, he was neither a martyr to science nor its exponent. Mr. Wells, in a long letter written just before his death, and published immediately after it, in the Journal of Commerce, *makes no claim to etherization*; in such a solemn moment, if it had been *true* that he had or believed he had any, for his family's sake he would have done so.

In this connection, Mr. Editor, I ask permission to say a word in reply to another correspondent in the same number of the Journal, who appears over the signature of "Justice." He says that "The Legislature of Connecticut, after due investigation, decided that the discovery (etherization) belongs to Dr. Wells. The Paris physicians have decided that it belongs to Dr. Jackson, while a committee of Congress incline to the claims of Dr. Morton."

These statements are wanting in many important elements, especially *truth*.

First, The Legislature of Connecticut, if they decided that the discovery belongs to Mr. Wells, could not have done so upon *due* investigation, as no notice of such an inquiry before that body was sent to Dr. Jackson, of which I am satisfactorily informed; and there is no reason to believe that any of his evidence, that so completely vindicates his claim to the discovery, was before that body at all. Yet, nevertheless, a Resolve was passed by the Connecticut Legislature, instructing their members of Congress to sustain the claims of Mr. Horace Wells, and that he was the discoverer, although *no committee* was appointed by this Legislature upon the subject. Such (magnanimity) suffers by a comparison with the course adopted by the French people. Not only did they notify all claimants, but awarded the discovery to one from another country, although there were claimants in France who had experimented with ether long before Jackson, Wells or Morton. One of them experimented upon ducks, and another upon his own body (M. Casignac); but the latter did not dare to go as far as Dr. Jackson. He knew, as most scientific men know, that ether is set down in most works on toxicology and materia medica as dangerous to breathe, and that accounts of death by it are given. He left the bold and hazardous experiment of producing *entire insensibility* to the nerves of sensation, to a bolder man. And what man is there so cold that does not feel a thrill of gratitude to that brave man, who dared to risk his noble life to raise the thin veil that hid this discovery from the eyes of men. He was, in my belief, an instrument in the hands of an all-wise Providence; and whoever falsely pretends to the honor of the discovery communicated, will be signally punished and disgraced by the same Hand that made use of the pure-minded chemist to reveal this great benefaction to humanity.

Second, It was not the Paris physicians, as such, who decided that the discovery belonged to Dr. Jackson, but the Institute of France, or Academy of Sciences, the most renowned and reliable scientific body in the world, comprising not only physicians and surgeons, but the most eminent men in all the walks of science. This body *did* decide the question, upon *due investigation*, and I think "Justice" will admit that it was competent to do so.

Last, but not least, no committee of Congress had reported to that body upon the subject of etherization at the time the communication of "Justice" was published in the Boston Medical and Surgical Journal. All statements to the contrary I unhesitatingly pronounce to be unauthorized and unwarranted; and I presume that "Justice" will not pretend to inter-

pret for this committee till it has reported. The subject was brought before the committee of Congress on quack medicines at the session of 1849, for the first time, secretly, surreptitiously, and without any memorial upon the subject before Congress (vide Records of the House of Representatives), but no report was made to Congress, although a document was circulated as the report of the majority of the committee, which was never signed by any member of the committee. The same course has been pursued at the last session of Congress. A printed report, signed by a majority of the new and *special* committee of the session of 1852, before it had been reported to the House of Representatives, where the committee was appointed, was shown in this city and New York. I saw the said report in June last. Such a course of procedure needs but little comment. I would remark, however, that the morality of those members of this committee who sanctioned this procedure, while sitting in judgment upon the case, will not furnish very good materials for their eulogy. The *veil* that covers the untenanted panel in the picture gallery of the Doge of Venice, had better not be removed. The report appears to have been cooked up for the occasion, disregarding the evidence with the criminal perversity of special pleading, but so far is it from indicating the opinion of Congress, that I should be sadly mistaken if the minority report, signed by Hon. Edward Stanley of North Carolina, and Hon. Alexander Evans of Maryland, which was rendered to the House with the majority report on the last day of the session, will not set at rest and forever the spurious pretensions of all others to the discovery, and establish beyond cavil the right of the original and only discoverer, Dr. Charles T. Jackson.

"Justice" would make each of the three parties mentioned participants in the award. This, I beg to observe, would be most unjust and wrong. Has not the discoverer been sufficiently wronged? or must the wrongs already done be perpetuated? The French Academy, upon investigating this subject, had the representations of *fifteen* rival claimants before them, ten Europeans and five Americans, many of whom had far better claims than either Morton or Wells; especially those of M. Duros of Marseilles, and M. Granier de Casignac. That this body gave Morton 500 dollars for aiding in the introduction of anæsthesia by ether into practice, as "*indicated by Dr. Jackson,*" while Morton was acting as an irresponsible agent of his, is simply to be ascribed, in my opinion, to the extraordinary efforts made on his behalf, and was more than he deserved in the premises. He was not responsible for the first administration made by him of ether, *Dr. Jackson having become distinctly responsible in the presence of two witnesses for the favorable or unfavorable effects* of this, as also many subsequent operations; and *had death ensued he alone would have been morally if not legally responsible for the result.* Jackson was the doctor, and Morton the nurse only. I refer to the extraction of a tooth from the head of Eben Frost, by Morton, on the 30th of Sept., 1846; but had this operation failed, this discovery was as complete and perfect without it, as it is since that operation. This is admitted in the minority report. I hold it to be as satisfactorily proven as any fact ever established by evidence, that in the winter

of 1841 and 42, Dr. Jackson *produced entire insensibility upon his own body*, by breathing the vapor of ether, and that in consequence thereof he made his great discovery of insensibility to pain, and communicated it to at least *eight individuals* before he made it known to Morton. These individuals are physicians, apothecaries, dentists, scientific men and others, who are well known in this community for their respectability and truthfulness, and have made oath that Dr. Jackson had informed them that ether would do all it has ever done since. Morton has, it is reported on good authority, received some thousands of dollars for the sale of letheon licenses, under a joint patent into which Jackson was inveigled by a misrepresentation of his rights, that he could not otherwise conserve his discovery, *but not one farthing has been received by the latter under this patent*; on the contrary, he has been compelled to expend \$6000 or \$7000 of his hard earnings in defending himself and his rights, against the persecutions and false pretensions of others, to say nothing of the loss of his time, which is a loss to the world as well as to himself. Yet he did not hesitate a moment to denounce this fraudulent patent as soon as he was duly informed of his legal rights by eminent counsel. This denunciation entirely invalidated the patent; then Dr. Jackson tore up the bond of indemnity given him by Morton, and proclaimed the discovery free to all the world. And free it has been from that day, and to Dr. Jackson alone are we indebted for the most wonderful and useful discovery of the age, and should make him indemnification. He alone is the *martyr*, and the only *sufferer*, by means of a discovery that has relieved from pain thousands of the human race—a benefit not to be estimated by millions of dollars.

H. A. H.

DEATHS BY CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After having seen so frequently in our public prints the records of “Death from the use of Chloroform,” one might perhaps inquire—Why is it thus? Some who are constantly in the use of this article, and have been since its first introduction to the profession, have had no occasion for regretting its employment in a single case. Such has been my own experience with it, as spectator, exhibitor and operator, that when I see these announcements, the query involuntarily comes up, ought it not rather to read thus, “Death from the careless use or abuse of Chloroform”? I make this query, because I am well aware that there are practitioners who would resent the appellation of “Quacks,” but who make indiscriminate use of chloroform. Many of your readers will doubtless recollect one or more of such, who, though graduates from respectable schools, act the quack with the article by administering it at all times without any consideration whatever, and on the slightest occasions. In the hands of such men it is unsafe and dangerous; but in judicious and careful hands, it is a blessing to mankind.

One reason why so many fatal results arise from its use, is, that it is not in safe hands. The only instance of fatal issue which has come un-

der my observation was some years since, while it was my privilege to attend one of the hospitals of our cities. My feelings were outraged at the time, and the case comes fresh to my mind when I read the records spoken of. The patient, a robust man, was to be operated on. The operation, though painful, was simple, and of the stereotype kind in manner of performance. Anæsthesia was highly desirable, and it was decided to make use of chloroform. The patient lay upon the operating table. The principal surgeons paid no attention to the preliminary arrangements, as though this was but "apprentice work," and a young man, for whom money or influence rather than talent or skill had procured a situation in the Hospital, proceeded to administer the chloroform. This he did by pouring upon a napkin nearly two drachms, and applying it close over the patient's open mouth. Those acquainted with its use may well understand the effect produced. The pungency and irritation caused a desire to cough, and the man so expressed himself as well as he could, but was told to "lie still," and the napkin held still more closely over the mouth and nose. Meantime the surgeons paid little or no attention to the proceeding, at all events they did not interfere. The patient struggled a short time, and then became quiet. But instead of the happy state of anæsthesia, it was death, and that, in my humble opinion, by strangling. Of course the consternation was great. Probably a large majority of those present were of my opinion. Soon it was announced that an examination would be held the next day. Whether the Coroner came by request, I know not, but he was there the next day, and previous to the examination declared it necessary to hold a "jury of inquest." He picked his men from those assembled—all medical men, eager or willing to sustain the characters of the surgeons, and the farce was carried through, and the verdict "Death from the use of Chloroform." What if the apothecary had, through mistake, put up distilled water instead of chloroform, and the mistake had not been discovered until the time of the examination—I think the result would have been the same; but would the verdict? The assassin (using the same reasoning) is not responsible for the act his weapon has committed. No. Curse the knife or club, or whatever might have been the weapon, but let the motive power go free.

This is the only instance I have been personally acquainted with, in which there was any occasion to regret having employed chloroform. It has been my fortune to be conversant with anæsthetic agents as they have been introduced, having been a spectator of the first public exhibition of sulphuric ether at the Hospital in Boston, and continued to witness the effects of that and the other articles used for the same purpose to the present time. There were serious objections to the first, and fortunately chloroform was introduced. This has been declared by the adherents to sulphuric ether to be more dangerous, but it is only so on account of its being in more general use, being free from the unpleasant odor and tardy operation of the former. To say nothing of other substitutes, I regard chloroform as the best anæsthetic agent at our command. The first general introduction of it into use in this country, occurred while it was my privilege to be attending the clinical instruction

of one of the first surgeons of the day, in connection with one of the first schools in our country. During my six months attendance, not a single case occurred to occasion any jealousy of chloroform, except in the minds of those who would sacrifice anything to their own narrowness of mind. Why was it thus? Why did not some cases occur in which death might be charged upon chloroform? Simply because our worthy teacher was careful. In all the hundreds of cases in which it was administered, from the infant of six weeks to the infirm of four score, he did not administer it without first ascertaining, by personal examination, so far as he was able, the propriety of its use. In some instances, though importuned to do so, he refused. In others, where anæsthesia was highly desirable on account of the severity of the operation and the propriety a little doubtful, he would proceed with double caution. He had one assistant, whose business it was to exhibit the chloroform, at the same time carefully watching every symptom himself. The secret of his success was caution. Often would he urge upon us the necessity of this. He often repeated the adage, "make haste slowly." It was inspiring to listen to his eloquence, after having performed some operation, formerly painful, but now with the patient utterly unconscious of pain, as he extolled the boon to suffering humanity. It is thus easy to see why I am warmly attached to chloroform, and make almost daily use of it in my practice. I make other uses than anæsthetic; but finding this paper full long enough, I defer speaking of my own exploits until a future time.

Francetown, N. H., August, 1852. E. P. CUMMINGS, M.D.

A SOUTHERN CLIMATE FOR INVALIDS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The brief practical remarks in your Journal of the 1st inst., from the pen of Dr. Magoun, of Natchez, under the caption of "Northern Consumptives in Southern Climates," has excited me to ask a place for a few words in corroboration of Dr. M.'s article.

In quest of a region where my asthma, now of fifteen years' continuance, might be improved, I reached Savannah about the 20th of last April, having spent the winter in Illinois, Ohio and Philadelphia. I have no time now to be more particular than to say that Philadelphia seemed more friendly to my health in all respects than any other place till I reached Savannah. Although this did not wholly remove my sufferings, I could not but feel, from several weeks' residence at the South, that a southern climate would be wholly favorable to me.

But I have taken my pen to fasten *one thought* in the minds of my brethren, through your pages; or, more properly speaking, to confirm Dr. Magoun's powerful argument against nullifying the full benefits of acclimatizing at the South by running home in the spring. Let me say to your readers that they may not be discharging their whole professional duty, without advising their families to remain permanently. I made many inquiries of intelligent invalids and physicians while in Savannah, nearly all of whom concur in the necessity of a summer residence. But

in conversing with the northerners, who now stay through the year, it is surprising to learn the real truth, how little they suffer from the heat and mosquitoes. I saw many consumptives returning from St. Augustine, Jacksonville and Picolata. St. Augustine, with its land and sea breezes, must be a charming place for summer. So is St. Mary's, at the south-east corner of Georgia. Both these latter places are very dull in summer, and rents may be obtained very low, if a family should take on furniture for a permanent residence. This last might be done with ease by a family of tuberculous tendency, and I may truly say with economy, provided their children are not so ill as to render it imprudent to expose them to some few days, during the winter, of cool north-east winds. In that case, it would be best still not to abandon their house, garden and comforts, whether in St. Mary's or St. Augustine, but spend a few of the colder weeks in Jacksonville, which is situated on the River St. John's, is internal, and has the defence of extensive pine forests (as I am told) between it and the ocean. This is a favorite spot for consumptives through the winter; but, owing to the fact that the pine forests are being rapidly converted into lumber for New York, by, say, a dozen of steam saw mills, it is difficult to procure suitable board at a reasonable price.

This leads me to say, that, should the life of some member of a young family who are in the very harvest and bustle of business, seem to call for a southern residence, there are many ways in which an enterprising and flexible northerner may go on with his pecuniary gainings, at the same time he has not sent away from the solaces of his family circle some invalid member who more than ever needs those very solaces. Vessels are going from New York to Jacksonville, empty, after lumber, and a snug set of furniture would cost little to be shipped from the lumber company's office, New York, to Jacksonville. But I will not prolong.

With respect, M. L. NORTH.

Saratoga Springs, Sept. 4, 1852.

CURE OF TAPE-WORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I again take the liberty to address you. I have recently had another case of tape-worm, and as it has some peculiar points of interest in my mind, I hope you will let the readers of your Journal have the opportunity to investigate the matter.

The subject of this report is Mr. Charles W. Stone, a merchant of St. Louis, but now residing at No. 6 Attorney street, New York. He is about 45 years of age, dark hair and complexion, and for some time afflicted with an hepatic affection. On his passing my office frequently, he observed my *museum* of tape and other worms, and in consequence called on me, stating that he believed he was troubled with tape-worm. He said that he had been in the habit of passing per rectum a vast amount of small white worms, about an inch in length, and that he believed that they were the links forming a tape-worm, because he had fre-

quently collected them and placed them in luke-warm water, when they swam about similar to leeches, and after a while they began to join themselves together. To convince me of this fact, the next day he brought me a bottle containing some fifty or sixty of these worms. They were alive, and were of the class known as the *Distoma Hepaticum*, liver worm, or fluke. On placing warm water in the bottle, they swam around, but as the water became cool they became torpid. By keeping the bottle in the hand, closed around it, they revived and soon linked themselves together, to the length of twenty feet. I took him under my charge, and treated him first with the empyreumatic oil, followed by the koussou as reported in your Journal of the case in Williamsburg, and I expelled about thirty yards, including the head, of tape-worm.

Yours, &c. J. X. CHABERT, M.D.

No. 431½ Grand street, New York, Sept., 1852.

LETTER FROM THE SOUTH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Our summer is passing away without the usual alarm of cholera in this and the neighboring parishes, though there have been sporadic cases here and there, with more than an ordinary share of fever and summer complaints upon the plantations, and in the smaller villages along the coast. New Orleans is uncommonly healthy. The dreaded cholera seems to have departed for a season, and is now spending its ravages in the north-west.

The August number of your monthly series has just come to hand, filled, as usual, with agreeable and entertaining matter. Your selected papers from the New York and New Orleans Journals of Medicine, are in harmony with your refined taste, and your numerous readers must thank you for them.

That form of cholera mentioned by Dr. Taylor as occurring on ship-board in the Bay of San Francisco, and so unfamiliar to him, has always been very common in all our Southern epidemics, on the Mississippi and its tributaries, and need not be mistaken for any other disease than a modification of the veritable "Simon pure"—the genuine Asiatic cholera, which is and ever has been so destructive to our population in the South and West. It is almost always fatal.

We have heard of one physician, not a hundred miles off, in full practice, who says he never cured a case of cholera, and does not believe it can be cured. He attended a plantation where there were sixty cases and upwards of confirmed cholera, all of which proved fatal. Alas! "Where ignorance is bliss," &c.

We have long been accustomed to control cholera, and even the severer grades of cholera, by the following formula, which may be relied upon with more confidence and safety than any of the boasted specifics of the day. R. Comp. spts. of lavender, comp. tinct. of cinnamon, each ʒ ij.; Vol. tinct. valerian, comp. spts. sulph. ether, spts. camphor, each ʒ j.; Vin. opii, ʒ ss. M. A teaspoonful or more of this mixture

may be given to an adult person in a cold infusion of peach leaves, or ginger tea, and repeated according to the urgency of the symptoms. If the attack of cholera commences with great prostration, and vomiting and purging of the usual characteristic "congee" discharges, the salt-water or mustard emetic should be administered immediately, to free the stomach from its contents, and then the *cholera mixture* given in full and often-repeated doses till the disease is arrested or relief obtained.

The indications here are to arrest the discharges as soon as possible—to restore heat and circulation, and the respiratory powers. Injections of large doses of tincture of catechu, or nutgalls, have been found useful; or half a drachm of powdered cubebs, in four ounces of starch emulsion, as recommended by Dr. Carquet, and "which has in many instances removed as by enchantment all the grave symptoms, without causing either pain or too great reaction." If there is coldness and sinking, the patient's body and limbs should be enveloped in a blanket saturated with very hot water, and kept in it till warmth and circulation are restored. After the chief symptoms are checked, the following pills may be commenced with, and one or two of them given every hour or two, till convalescence is insured; the patient to be confined all the while to mild chicken broth, and moderately cold drinks. R. Sulph. quinine, blue mass, each ʒj.; Pulv. opii, gr. vi.; Ol. nig. pip., gtt. viij. M. Divide into twelve pills, and give as above directed. Persons travelling by sea or land, and families and artisans, and others who are liable to be exposed to the disease, should always be provided with some reliable and preventive remedy for immediate use, and the above means are confidently recommended, for an emergency, to the public, who are so often misled by irresponsible practitioners, and an erroneous treatment of the disease.

Dr. Lidell's paper on "Diarrhœa at the Isthmus," is very creditable to him. His treatment is uncommonly judicious and discriminating, and shows him to be a zealous, practical, well-informed and well-deserving member of the profession. It will attract the attention of your readers, and elicit more than ordinary praise.

You are no doubt aware that *nitrate of silver* has long been used in the treatment of infantile diarrhœa and dysentery, by the English and Continental physicians. In diarrhœa of newly weaned infants, with aphthous ulceration of the mouth, its action is brilliant. R. argent. nit. crystal., gr. i.; aqua distil., ʒ ij.; gum. mimos. nil., ʒ ij.; sacch. alb., ʒ ij.; M. Fiat. mixt. A teaspoonful every two hours, and an enema with one fourth grain of the salt, with mucilage of opium, was administered. Kall treated twenty-two cases of dothineritis with the mixture, two to six grains, in six ounces of decoction of salep—a tablespoonful every half hour or hour, *pro re nata*.

Dr. Kelly's case of "Phlegmasia Dolens" is also interesting. I have just parted with a similar case—"Phlegmasia Dolens, unconnected with the puerperal state"—and without torturing my patient with "bleeding, blistering, calomel and opium, salts and cream of tartar, sal ammoniac, digitalis and laudanum, camphor, jalap and aloes," &c. &c., so generally prescribed in allopathic doses by the doctor, I directed simply an alterative pill of blue mass and rhubarb and ipecac, and applied a mercurial

iodide lotion to the limbs, and in three days, instead of three months, the patient was abroad and perfectly restored.

Dr. Kelly's case of "Infantile Erysipelas," "made worse by irritating applications," if seen earlier, would, without doubt, have been easily relieved. Such cases are not uncommon in our practice, and we invariably arrest the inflammation and its consequences, by some absorbent medicine—rhubarb and magnesia is as good as any—with sulph. quinine, and the local application of comp. tinct. of iodine, or cod-liver oil. Had the former been freely applied at the outset, the erysipelatous inflammation would have ceased its progress, and all the formidable constitutional and local symptoms consequent to the disease, instantly vanished. The effect of iodine frictions in such cases is like magic; and so in various other species of inflammation—as phlegmonous, irritable, specific, &c.

My thanks to you and the author, for another excellent and practical essay from Dr. Cummings, of Roxbury. I like both the form and the substance of it. He is certainly one of the progressives in our profession, and his contributions are deserving especial attention from all who would "keep pace with the progress of discovery in the various branches of medicine." "Young Physic" will certainly be indebted to him for much valuable information; and should he continue his lucubrations through another lustrum or two, he may frame an interesting and useful volume, which will be creditable to his "name and station," and deserve and receive the universal praise and gratitude of our profession.

The *Gazette des Hôpitaux*, of Paris, contains at length the recital of a case of hydrophobia, which proved fatal under the use of chloroform. After the usual detail of symptoms, &c., M. Chas. Masson, the author, concludes his recital with the following impressive paragraph, which I translate impromptu. "At this moment," says he, "two of my confreres, Messrs. Claubry and Gregoire, joined me. This last, who devotes himself to the cure of hydrophobia from pure philanthropy, since his fortune is spent for no other end but being useful, showed me a letter from New York, in which a person worthy of confidence assured him that he had cured a young woman of that city by the administration of chloroform. 'Since no other human power can save the patient,' said he, 'when the agony has commenced, leave me to act—let me try one last effort.' I consented. We went to the patient, and with assistance, we began the inhalations by means of a sponge held at some distance from the nose. Twice quietude was produced; in a quarter of a minute, perhaps, speech was suspended. We wished to profit by this interval of calm to make her drink—but the liquor was repelled, and soon the limbs were motionless and insensible. The hands became more and more *cyanoosed*—the ecchymosis extended to the fore arms, the patient appeared to sleep—she was dead!"

I perceive the ether controversy is still "alive and kicking." I thought I had long ago given it the *coup de grace* in one of the numbers of your Journal, by showing that the discovery was due to Dr. Pierson, an English physician, who used it for anæsthetic purposes long before either of the present claimants was born. After all, the award is of no great consequence, unless accompanied by the *plum* proposed to be given by Congress in the shape of \$100,000!

I fully concur with Dr. Bronson, that chloroform should not be used on common occasions, and in ordinary practice—but should be abandoned for chloric or sulphuric ether, either of which is much safer, and therefore less objectionable than this highly extolled, but hazardous, and too often fatal compound.

Apropos—Some French savant, whose name has escaped me, but which was announced some time ago in your Journal, has been invested with the order of the Legion of Honor, and a pension, for his alleged discovery of the application of the *liquid chloride of soda* to wounds from the bites of mad dogs, which discovery I claim, as I first used it, and so announced to the public twenty years ago, and long in advance of the French physician, who doubtless derived his knowledge and success from this source. Should not Congress, in the plenitude of its wisdom and generosity, add \$100,000 to the "Deficiency Bill," as a supplement, for my especial benefit? What say you? I have discovered the *preventive* remedy; he who shall discover the *cure*, will be entitled to the "Legion of Honor," £100,000, and the everlasting gratitude and applause of the whole world and "the rest of mankind." You will see by the New Orleans papers that Louisiana is likely to make the discovery and obtain the reward!

We are beginning to feel the full force of your remark made in the present number of the Journal, "that in the United States [and you might have added Louisiana especially], where any privileges were secured to the medical profession, they have either been repealed or absolutely forgotten, so that irregular practitioners have every facility their ambition may covet; and their success and encouragement among those who ought to frown upon them, is a mortifying evidence of the low estimate of too many, in every community, of the claims of a talented, educated, high-minded profession."

Very truly, &c.

Ascension, La., Aug., 1852.

FRED. B. PAGE, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 22, 1852.

Journeyings for Health.—In addition to the places of resort for invalids, alluded to in previous pages in this number of the Journal, one at the north will be found referred to below. Dr. Clark, of Council Bluffs, Iowa, writes as follows in a letter to the editor.

"Among the various localities in the United States recommended by the Faculty for patients suffering with disease of the lungs, allow me to suggest the region of country on the upper Missouri River. The soil is fertile, the climate dry and salubrious, and the place comparatively exempt from diseases of an inflammatory character. Consumption is hardly known, except by tradition of the emigrant Indians, who have been removed by the United States government from the region of country around our great inland seas. Council Bluffs is situated in latitude 41 50 18, on the Missouri River, at the great crossing of California, Oregon and Utah emigrants. For beauty of scenery and abundance of game, it is not excelled on the

Missouri River. A residence at this frontier village could hardly fail to benefit invalids, especially if they would take the advice of Prof. Drake, procure a pony or mule, and make such buffalo hunting excursions on the plains as their health and strength would permit."

London College of Physicians.—The Royal College of Physicians has received a new charter, by the provisions of which some important changes are introduced into its constitution. Its designation is changed from that of "Royal College of Physicians of London" to that of "England," and its "licentiates," no longer so termed, but "members." All medical practitioners will be eligible to its membership who possess the degree of "M.D." from any university in the United Kingdom, or have received licence to practise from the Universities of Oxford or Cambridge, Dublin or Edinburgh; and, under certain conditions, medical practitioners who exceed forty years of age, and are in practice.

Southern Central New York Medical Association.—Every thing is on a large scale in the sovereign State of New York. Besides the State Medical Society, whose transactions are indicative of professional energy and mental activity, there is a society within it, "a wheel within a wheel," and its published documents are evidences of zeal, progress, science and humanity. The Central Association held their last session at Oswego, in June, having a representation from the counties of Tioga, Cortland, Broome, Chemung, Tompkins, and perhaps others. J. H. Allen, M.D., is President for this year. A Committee on Epidemics, another on Surgery, and a third on Vital Statistics, together with a host of essayists for the next anniversary, give the prospect of business enough when again called together. In the present transactions, Dr. Jerome, the late president, brings some heavy artillery to bear on hydropathy and homœopathy. Some of the closing observations are in a fine style of writing. *Vital Statistics of Cortland County*, by Dr. C. Green, of Homer, is a strong and scientifically drawn up paper. There is no getting away from his facts in those tremendous tabular statements. The wind cannot blow where it listeth, in Dr. Green's neighborhood, without being registered. Dr. Allen despatches the *Vital Statistics of Oswego and Tioga Counties*, in short metre. With such an amount of territory he should at least have culled a few flowers. Dr. Hyde's Abstract of the Cortland County Report on Surgery, has both ingenious suggestions and a multitude of useful facts for reference. Dr. Crandall, on the Surgery of Tioga County, is good as far as he goes. A man who can draw up half a sheet as well as that before us, must have a perfect magazine of equally instructive materials remaining. Dr. Burr, on the Surgery of Broome County, covers a large field, and on the whole has added more than most of the preceding reporters to the common stock of surgical knowledge. All the remaining papers in the transactions are of a prominent kind, and may be studied with profit, because they illustrate some of the every-day phases of a mixed practice. Certainly the deliberations of the society, and the published specimens of their doings, evince an excellent spirit, while they show how much may be accomplished by systematic industry.

Boston Quarterly Homœopathic Journal.—Otis Clapp, Esq. has commenced a republication of this work, which is conducted by Drs. Birnstill

and Tarbell, of Boston. It is the intention of these gentlemen to give it more of an American character than Homœopathic periodicals have generally had in this country. It is regarded as a curious circumstance that there are already several sects of Homœopathists—one believing in one crotchet, and another in another. Some have the hardihood to intimate that the conductors of the new Quarterly actually have a returning respect for their first love, Allopathy. We shall watch their course, and give them credit for every good thing they may say.

Medical Society of Georgia.—The excellent address before this well-sustained institution at its third anniversary, has been unnecessarily long on the way; or perhaps the publisher had too many jobs on hand to put the manuscript in press till the eleventh hour. It was delivered by Henry F. Campbell, M.D., a vice president, and is distinguished for sound sense and appropriateness. It relates to *the difficulties and privileges of the medical profession*. Without knowing precisely what these are in Georgia, we can speak for Massachusetts—the difficulties are many and the privileges few. However, Dr. Campbell made a pleasant and instructive discourse, which must have been received with approval. His organ of hope is large, his benevolence still more so, and conscientiousness gives vigor to the language he may utter, when the topic relates to duty or moral obligations.

Tourniquets on Railroads.—Several of the English Railroad Companies, and especially the Midland, have a supply of these very important instruments on board, which are often eminently serviceable in case of accident, till a surgeon can be called. They should be kept by the conductors of our American roads also. Many a death occurs from hæmorrhage in cases of crushed limbs, wounds of blood vessels, &c., before surgical assistance can be had. Should the public papers assist in promulgating this sentiment, the boon would soon be secured.

Extent of Professional Obligations.—By the following report of a case recently before the public in England, we gain an idea of the views of the people of that country in regard to the responsibility attached to one class of professional duties, which it may be proper to have defined in the United States.

“Mr. Bourne, a surgeon practising at Wellon, near Bath, was tried at Wells Assizes for the manslaughter of Ann Noakes, who died, on the 21st of June, in consequence of excessive hæmorrhage after a very difficult delivery. The case was one of “arm presentation.” Mr. Bourne was called in because the poor woman had not an order on the parish-doctor; he attended her for nine hours, but left the house at four in the morning, to go to the assistance of a farmer's wife named Parker, to whom he was engaged. The cardinal point of the trial was, practically, the question whether Mr. Bourne was justified in leaving Ann Noakes in the hands of midwives at a critical stage of her trouble. Before he departed, however, he told the women that they must instantly send for Mr. Marsh, the parish-doctor. Mr. Marsh lived six miles distant, and could not reach Wellon until six o'clock; thus leaving her in great danger for two hours. Mr. Marsh accomplished the delivery with instruments, and the woman died

with excessive hæmorrhage. Evidence was taken to show that Mrs. Parker, the woman to attend whom Mr. Bourne left Ann Noakes, was in great danger; and it was shown that although Mrs. Parker was delivered at half-past four, Mr. Bourne was obliged to remain with her until half-past six. Two medical men were examined upon the point as to whether it was dangerous to leave the patient for an hour; and both decided that by all ordinary calculations it was not. One thought that a surgeon ought not to leave one patient whose life was in danger, to attend another to whom he was engaged. They also thought that a patient ought not to be removed for less than one hour after delivery. Some evidence was brought to show that Mr. Bourne was a kind man and well spoken of by the poor. The Jury returned a verdict of 'Not guilty,' and the audience applauded."

Medical Society of Virginia.—A spirited meeting of this society was held in April, but by some reason unrecorded, the transactions, faithfully printed, did not not reach this section of New England till last week. Dr. James Beal, of Richmond, was elected President, to succeed Dr. Wellford, an accomplished medical officer. The Constitution is liberal, and yet guarded—just what we always expect in Virginia—honor, dignity, liberality and soundness. There can be no mistakes made in following the letter of the law. Dr. Wellford's address was received with eclat. It is energetic in language and bold in asserting the rights of the profession.

Medical Feuds.—By an article on hydropathy, in the Philadelphia Journal of Homœopathy, it seems that the infinitesimal gentlemen have no confidence in the professors of the water system of medication. They express a proper degree of horror for any thing so shockingly unscientific as water, as a remedial agent. Now both schools utterly condemn and abominate the regular practice; and it is a little singular they should thus quarrel among themselves.

Concentrated Chloric Ether.—Messrs. Philbrick, Carpenter & Co., 160 Washington st., Boston, are manufacturers of Chloric Ether on a large scale. Dr. Hayes, the chemist, and the most eminent surgeons of this metropolis, certify to the purity of the article. In these times of distrust, when deaths have repeatedly resulted from the administration of a base preparation in which are the seeds of speedy death, and in which fusel oil has been detected by Dr. Jackson, it is important that the medical public—surgeons, dentists, and others who are the large consumers—should know where they can procure an unobjectionable and reliable anæsthetic agent. We can bear testimony to the excellent reputation of the house above alluded to.

Decay of the Deciduous Teeth.—A letter to the celebrated Dr. Daniel Drake, on the premature decay of these organs, embodies some curious facts, besides embracing the opinions of eminent authorities in regard to the causes. Why a gentleman who has written so well, should imagine it expedient or necessary to sign any thing short of his whole name, is a question. He might as well have had the honor of being the author, which would have made him authority in turn, as to have left it in a way to ex-

ercise less weight than the pamphlet actually merits. It is a mistake which medical writers frequently run into, either from excessive modesty, or a fear of committing themselves—neither of which ought to influence them. In an honorable profession, whatever any one knows or feels to be of consequence should not only be freely communicated for the common good, but certified to by the name of the person who propagates it.

Medical Miscellany.—On the Ill. River bilious fever is alarmingly fatal. —In Scott county, Missouri, cholera is fearfully destructive. —Cases of yellow fever are announced in Charleston, S. C.—People are injuring themselves by drinking too much soda-water. When taken moderately, it is a refreshing, grateful beverage—but its use is greatly abused in cities. —Dr. Shelby is the Speaker of the Missouri House of Representatives. —Liebig has been appointed Professor in the University of Munich, and Director of the Chemical Laboratory, with a salary of \$16,000 francs. —Cholera still continues active at several places west. —Dr. Palmer has left the Medical School of Buffalo, and accepted the Anatomical Chair at Louisville University. —Dr. E. M. Moore, of Woodstock, Vt., goes to Buffalo. —Dr. Flint, of Buffalo, succeeds Dr. Drake, at Louisville, and Drs. Cobb and Drake have taken professorships in Cincinnati. —In the University of Edinburgh, the medical faculty state that from 1796 to 1831 the proportion of rejected candidates for the doctorate had increased from one in fifteen to one in five. —A woman has been killed at York, England, by sleeping in a room where a bottle of nitric acid, forgotten for twelve years, had been accidentally broken. —Rogers, the poet, is 94, and in fine health. —A bronze statue of Dr. Jenner is nearly ready to be set up in London. The money raised here was for that purpose. —Cholera is raging in Prussia, alarmingly. —Dr. Josiah Bartlett, of Concord, Mass., an estimable physician, was run into by some drunken fellows a few days since, thrown from his carriage and had one of his legs badly fractured. —The cholera has disappeared from Cincinnati.

TO READERS AND CORRESPONDENTS.—The number of the Journal for this week will be found considerably enlarged. Several interesting and valuable papers will be found in it, on the subject of a southern residence for northern consumptive invalids—the writers of which all concur in the opinion that something more than a winter residence is generally needed. Some interesting papers, previously acknowledged, still remain unpublished. The following additional ones have been received:—Obituary notice of Dr. Spencer; Dr. Abbe's case of Extreme Dyspnoea and Expectoration; Dr. Williams's case of Carcinoma Oculi.—Subscribers are reminded that the new postage law, which favorably affects the circulation by mail of this Journal, goes into operation next month.

DIED.—At Fort McCoy, East Florida, Lucius Kneeland, M.D., 30, a native of Waterbury, Vt. He was a man of rare promise, and his sudden death is a public calamity.—In Hartford, Conn., Dr. Joel A. Wing, of Albany, N. Y.—In Philadelphia, Geo. W. Patterson, M.D.—In England, in the 75th year of his age, J. P. Vincent, Esq., and late Senior-Surgeon to St. Bartholomew's Hospital. —In the Island of St. Kitts, W. I., on the 23d day of May last, Robert Cleghorn Rees, M.D., past member of the Tremont Medical School, and graduate of Mass. Medical College, aged 30.

Deaths in Boston—for the week ending Saturday noon, Sept. 18th, 79.—Males, 34—females, 45. Abscess, 1—accidental, 2—disease of bowels, 3—inflammation of bowels, 4—disease of brain, 1—inflammation of brain, 1—consumption, 8—cyanosis, 1—cholera infantum, 7—cancer, 1—croup, 2—debility, 1—dysentery, 8—diarrhoea, 2—dropsy, 1—dropsy of brain, 4—drowned, 1—typhoid fever, 3—gangrene, 1—gravel, 1—disease of heart, 1—intemperance, 1—infantile, 4—inflammation of lungs, 3—disease of liver, 1—marasmus, 1—old age, 2—peritonitis, 1—scrofula, 2—teething, 8—tumor, 1—worms, 1.

Under 5 years, 41—between 5 and 20 years, 9—between 20 and 40 years, 22—between 40 and 60 years, 2—over 60 years, 5. Americans, 85; foreigners and children of foreigners, 44. The above includes 8 deaths at the City institutions.

Cholera in Buffalo.—Dr. F. H. Hamilton read a report to the Buffalo Med. Association on the 2d of August, respecting the cholera in that city, in which he accounts for the breaking out of the disease in one of the streets of the city, by the digging up of the street for the purpose of laying water pipes. The location has been a healthy one, though not elevated, the houses mostly brick and well-ventilated, and sewerage good. The ditch dug for the water pipes was $4\frac{1}{2}$ feet deep, 2 feet wide, and 200 yards long, and the number of dwellings fronting upon the street twenty. The soil was—for one foot under the pavement, a coarse sand; then a rich loam averaging one foot; then a sand of a reddish or yellow color—the clay bed underneath not being reached. The ditch was commenced on Saturday, July 24th, and closed the next Thursday. The following paragraph from Dr. Hamilton's report, published in the Buffalo Medical Journal, furnishes briefly the more important additional facts.

"We have thus occurring within the distance of a few rods each way from the centre of the ditch, near the intersection of North Division with Ellicott, nineteen cases of diarrhœa, with manifest cholera tendency (all being so ill as to require medical attendance), or with actual cholera; and of these, nine have died. Of the six whose illness commenced on or before Tuesday, four have died. Of the six attacked on Wednesday, five have died; and of seven attacked on Thursday, none have died. Since Thursday no new cases have occurred in that neighborhood. In twenty families living upon the street, the epidemic has shown itself in nine or ten."

Ice as a Local Anæsthetic. By W. A. BERRY, M.D., Washington, D. C. —This agent was first made use of in the wards of M. Velpeau, during the past summer, in Paris, by one of his internes, and the removal of the nails of toes and fingers effected without pain. The ice is powdered finely and mixed with a sufficient quantity of salt; next enveloped in a thin cloth, and the two phalanges of the great toe or thumb enveloped in it; the application should not be continued over five or six minutes, this time being sufficient to produce the most perfect anæsthesia. M. Velpeau proceeds with the operation in the following manner: Immediately upon removing the ice, the nail is divided in its length with a common-sized bistoury from its free extremity to the root, then seizing each half successively with a strong forceps, it is removed with a moderate jerk. The frequent necessity for the performance of this operation, and the great pain attending it when removed under other circumstances, is sufficient to cause its universal application by the profession. M. Velpeau directs the application of compresses of cold water to the part during the first twenty-four hours; and the simple cerate dressing for a few days is all that is required.

It may be objected that the reaction under the application is such as to prevent its use; I will simply say that of the six patients that I saw operated upon by M. Velpeau, no such accident occurred to any of them; and to the one case in which we applied it but a few days since (and which has suggested this communication), we have reason to believe that the agent is free from any unhappy results.—*The Medical Examiner.*

DR. JOHN HASTINGS, of San Francisco, California, in a letter to one of the editors, says that he has found a very certain and easy method of introducing iodine into the system in cases of phthisis by means of inhalation. A small quantity of dry iodine is placed in a tumbler or cup in the chamber of the patient, and allowed to escape by volatilization.—*Ibid.*

MEDICAL JOURNAL ADVERTISING SHEET.

JEFFERSON MEDICAL COLLEGE. Session of 1892-93.—The regular Course of Lectures will commence on Monday, the 11th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBERT DUNGLISON, M.D., Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PARSONS, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MASON, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLENBIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, two thousand and twenty-nine cases were treated, and three hundred and eight operations performed. Amongst these were many major operations—as amputation of the leg, thigh, arm, hand, mamma, &c., trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy, and the Demonstrator.

Fees.—Matriculation, which is paid only once, \$3.

Each Professor fifteen dollars. \$105. Graduation, \$30.

The number of students during the last Session, was 505; and of Graduates 28.

R. M. HUSTON, M.D.,

Dean of the Faculty,

No. 1 Girard st., Philadelphia.

Aug 18—101

DISEASES OF THE EYE AND EAR.—Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House. February 14, 1893. *epif*

WHITE'S NITROUS OXIDE WATER.—Physicians and Druggists can be supplied with this article by the manufacturer.

EUGENE ROUSSEL,

Aug 11—3m* 44 France St., Philad.

GERMAN SALACINE.—For sale at 160 Washington st., by **PHILBRICK, CARPENTER & CO.** Oct. 18.

CUCUMBER OINTMENT.—Prepared and sold by **PHILBRICK, CARPENTER & CO.** Oct. 16.

TOBACCO OINTMENT, COMPOUND.—Prepared and sold by **PHILBRICK, CARPENTER & CO.,** Chemists, 160 Washington st., Boston. Nov. 31.

PHILBRICK, CARPENTER & CO., (late Philbrick & Trafton).

PHYSICIANS' DRUGGISTS AND CHEMISTS

(Members of the Massachusetts Medical Society.)

160 Washington street, Boston.

S. CARPENTER, M.D.,

S. R. PHILBRICK, M.D.,

L. ATWOOD, Chemist. July 16

THE PHYSICIAN'S ACCOUNT BOOK.—Copies of this work, which has been favorably noticed by the editor of the Journal, are for sale at this Office, and at 31 and 32 Cornhill. Each book contains Day-Book, Alphabet and Ledger. The Day-Book of the smallest size comprises space for 60,000 charges. Price, smallest size, \$2.50; larger size, \$3.75 and \$5.00.

N. B.—This new form of **PHYSICIAN'S ACCOUNT BOOK** received a diploma at the late Fair of the Massachusetts Charitable Mechanic Association. Nov. 20.

NEW YORK MEDICAL COLLEGE.—The next Annual Course of Lectures in the New York Medical College, will commence on Wednesday, 6th of October, 1892, and continue five months.

HORACE GREEN, M.D., President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M.D., Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M.D., Professor of Materia Medica and Therapeutics.

S. FORDYCE BARKER, M.D., Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M.D., Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M.D., Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND H. FRASER, M.D., Professor of Physiology, Pathology, and Microscopy.

JOEL PARKER, LL. D., Professor of Medical Jurisprudence.

C. C. ALLEN, M.D., D. D., Lecturer on Dental Pathology and Dental Surgery.

D. S. CONANT, M.D., Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday, the 22d of September, which will be independent of the regular Course, and will be free to all Medical Students.

The dissecting rooms will be opened for Classes on the 1st of October.

The College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of the Microscopic Models.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments.

Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course, \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New York Medical College,

East Thirteenth st. near Broadway. } Aug. 25

DR. N. QUINCY TIRRELL, M.M.S.S., Physician and Surgeon, North Weymouth, (King Oak Hill), Mass. Dr. Tirrell devotes particular attention to the medical treatment of Lung and Urinary Diseases—in connection with the general practice of medicine. April 26—11

JOSEPH BURNETT, No. 23 Tremont Row, Boston, begs to inform gentlemen of the Medical Profession that he is prepared to furnish every important article used by Physicians and Surgeons, of the best quality, at fair prices, including *Genuine Drugs, Pure Chemicals, Select Powders, Superior Extracts* (both solid and fluid), and other desirable pharmaceutical preparations and new remedies too numerous to mention.

Also, a full assortment of *Surgical and Dental Instruments and Apparatus*, from the best American and European manufacturers.

Orders executed in London and Paris at short notice. March 17—11

ENGLISH HERBS.—Leaves of Hyocyanus, Belladonna, Conium, Digitalis and Aconite, for sale by **PHILBRICK, CARPENTER & CO.** Nov. 13.

CHIRRETTA.—A new ANTI-periodic, just received by **PHILBRICK, CARPENTER & CO.,** 160 Washington street, Boston. Aug 6

A PHYSICIAN, who has been in practice five years, wishes to become a partner, or to take the place of some physician who enjoys a larger practice. Satisfactory recommendations given. Inquire at this office. Sept. 6.—11

A PHYSICIAN, located in one of the finest farming towns in New Hampshire, in good business, having taken the Western fever, offers to dispose of his Stand and Practice on reasonable terms. Inquire at this Office. March 31—cow 11

MEDICAL JOURNAL ADVERTISING SHEET.

UNIVERSITY OF NEW YORK.—MEDICAL DEPARTMENT.—SESSION OF 1889-93.

FACULTY OF MEDICINE.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTIN PAINE, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPER, M.D., Professor of Chemistry and Physiology.

ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

MERRIMUTH CLYMER, M.D., Professor of the Institutes and Practice of Medicine.

WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.

WILLIAM DARLING, M.D., Demonstrator of Anatomy.

GEORGE A. PETERS, M.D., Professor to the Professor of Surgery.

ALEX. B. MORTIMER, M.D., Professor to the Emeritus Professor of Surgery.

JOHN W. DRAPER, M.D., President of the Faculty.

COURSE OF INSTRUCTION. The Courses of Lectures given will be on Anatomy, General, Descriptive, Surgical and Pathological; Surgery; Materia Medica; Therapeutics; Institutes and Practice of Medicine; Obstetrics and Diseases of Women and Children; Chemistry and Physiology. These courses are arranged in such a way, that six lectures a day are given, except when clinics intervene. The clinics are:

1. *An Obstetric Clinic* every Monday, from 2-3 to 4-5 o'clock, P. M. This clinic was first established by Professor Bedford in October, 1880, and from that time it has met with constantly increasing success. More than 1700 cases of the most interesting diseases of women and children have been presented at it. So great are the facilities of the city of New York in this respect, that it may be truly said, that nowhere else do such opportunities exist for the study of this department.

2. *A Surgical Clinic* every Tuesday, from 2-3 to 4-5 o'clock, P. M., under the charge of Professor Mott. All surgical operations which may be necessary, are performed in presence of the Students. The senior students have the privilege of attending the patients at their houses, under the direction of the Professor.

3. *A Medical Clinic* every Wednesday, from 2-3 to 4-5 P. M., under the charge of Professor Clymer. In this Clinic every variety of disease will be brought before the Class, and special attention will be given to maladies of the chest, auscultation, percussion, &c. The patients will be given in charge of the senior Students, to be attended under the direction of the Professor.

4. *A Surgical Clinic* every Saturday, from 10 to 12 o'clock, under the charge of Professor Post. This is conducted in the same manner and upon the same principles as the Tuesday Clinic.

PRACTICAL ANATOMY. The session during which the dissecting-room will be open for Students, will occupy five months, commencing the first day of October, and terminating on the first day of March following. During the month of October, the room will be open from 8 o'clock, A. M., till 5 o'clock, P. M., and it will be the duty of the Demonstrator to attend there regularly during that month, from 10 o'clock, A. M., till 1 o'clock, P. M., and to devote himself assiduously to the instruction of the pupils in the art of dissecting, and in the acquisition of anatomical knowledge. During the months of November, December, January and February, the dissecting-room will be open from 8 o'clock, A. M., till 10 o'clock, P. M.; and it will be the duty of the Demonstrator to be in attendance from half-past 2 o'clock until 4 o'clock, and from half-past 7 o'clock until 10 o'clock, P. M., and to devote himself to the instruction of the dissecting students. The students on the payment of the fee for the dissecting ticket, (five dollars) will be entitled to all the privileges of the dissecting-room, and will likewise be furnished with soap and towels for washing. No extra charges will be made them on any account whatever, except for their subjects, and the injection of subjects, and it shall always be optional with the students to have them injected or not.

REGULATIONS FOR THE TERMS OF LECTURES, &c.—REQUISITES FOR GRADUATION. The Lectures commence on Monday, the 19th of October, and are continued until the last day of February following. The Examinations for Degrees will commence

about the first of March, and will be continued daily, until the candidates shall have been examined.

The following are the requisitions for the Diploma:

1st. The candidate must be 21 years of age.

2nd. He must have attended two Courses of Medical Lectures; one of which must be delivered in the Medical Department of the University of New York.

3d. The Candidate must have studied Medicine for three years (the terms of attending Lectures being included in these), under the direction of a respectable Medical Practitioner.

4th. He must write a Medical Thesis, either in the English, Latin, or French Language.

Two Commencements take place annually in the University, at either of which Candidates who have complied with the above requisitions may graduate.

The first takes place early in the month of March, and the other about the middle of the month of July.

The great body of the Candidates will, no doubt, graduate at the Spring Commencement; but those who wish to postpone it will have the opportunity of coming forward in July.

The Examinations for degrees are conducted in private by the Professors individually.

FEES FOR THE WINTER COURSE.

Full Course of Lectures,	\$104.00
Matriculation Fee,	1.00
Practical Anatomy,	1.00
	\$116.00

Students on arriving in town will call at the College in Fourteenth st., between Irving Place and Third Avenue, and inquire for the Janitor, Mr. Feldman, who will provide them with boarding-houses.

Letters may be addressed to Dr. Draper, President of the Medical Faculty, University, New York. June 30—COWNTON

ELIXIR OF OPIUM.—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called McMunn's Elixir. This is a preparation of Opium without Narcotine, and the strength is the same as Tinct. Opii. Manufactured by

PHILBRICK, CARPENTER & CO.

Successors to PHILBRICK & TRAFTON, Chemists.

July 22.

MANGANESE.—Sulphate, Carbonate, Chloride, Iodide, Tartrate, Malate, Acetate and Tannate, Syrup Iodide Manganese.

Manufactured and sold by

PHILBRICK, CARPENTER & CO.

Manganese and its preparations have been used in France with great advantage in cases of Chlorosis, Phtisis, Scrophula, Scirrhus, Constitutional Syphilis, &c. &c. Observations and results may be found in Braithwaite's Retrospect, No. XX. Old

SURGICAL INSTRUMENTS.—Philbrick, Carpenter & Co., have for sale Pocket Cases of Instruments, Pocket Cases of Phials for carrying medicines, Capping Cases, Dissecting Cases, Breast Pumps in cases, do. Gum Elastic, Nurse Bottles, Nipple Shells, Breast Pipes, Catheters, male and female, single and double, of silver and gum elastic; Bougies for urethra and rectum; Syringes, self and common; Maw's self-injecting instruments; Penicillaries; Hutchinson's Aspiration Fountain; Speculums, vaginal and rectal; Pill Syringes, for administering solids by the rectum; Stomach Pumps; Stomach Tubes, to be used with a common syringe; Glass Inhalers, for administering medicated vapors; Eschscholtz's Inhaler Tubes; Teeth Forceps, Scarificators, Crain's Supporters, Shoulder Braces and Suspensory Bandages of every description.

Nov 13.

PURE COD LIVER OIL.—The true medicine

Cod Liver Oil, prepared expressly for our trade, and warranted equal to any in the market. For sale wholesale and retail by

PHILBRICK, CARPENTER & CO., Chemists, Boston.

Dec. 17.

TINCTURES from English leaves of Hyocyamus, Conium, Digitalis, Belladonna, and Aconite

Tinct. Indian Hemp. These Tinctures are of official strength. Sold by

PHILBRICK, CARPENTER & CO.

Nov. 6.

TANNIC ACID.—American, English and German Tannic Acid of superior quality, for sale by

PHILBRICK, CARPENTER & CO.,

Chemists, and Physicians' Druggists,

Oct. 16. 150 Washington st.